SPECIFICATION AMENDMENTS

Page 29, middle paragraph:

Trocar 100 may then be withdrawn from first trocar sleeve 80 and placed in second trocar sleeve 85. Alternatively a second trocar 100 may be provided for second trocar sleeve 85. In either case, the combination of trocar sleeve 85 and trocar 100 is then drilled (Fig. 23) as a unit into tibia 125 toward, but stopped short of, the guide rod 25 (Fig. 24).

Page 36, last paragraph, continuing onto page 37:

Bone tunnel reference guide 265 is preferably used as follows. First, femoral tunnel 130 and tibial tunnel 135 (Fig. 14) are formed. Then the reference guide's guide rod 285 (Figs. 35-38) is passed up tibial tunnel 135 and femoral tunnel 130 until the distal end 290 of guide rod 285 is in engagement with the distal end (annular shoulder) 165 of femoral tunnel 130 (Fig. 14). As this occurs, the reference guide's L-shaped member 270 will support trocar sleeve quide member 30 outboard of the patient's femur. Stabilization of the bone tunnel reference guide 265 is provided by applying a distally-directed force to guide rod 285, which is in engagement with the distal end 165 of femoral tunnel 130. This stabilization allows accurate placement of the cross-pins. Then an arthroscope is used to read the gradiated index 300 at the point at which guide rod 285 crosses the tibial plateau. Trocar sleeve guide member 330 is then set at a corresponding location along its own scale 325. In this respect it will be appreciated that gradiated index 300 is

coordinated with scale 325 so that the axes of bores 335 (Fig. 35), and hence the cross-pins, will pass through the tibia $\underline{125}$ at a desired position, such as through the tibia's cortical bone just below the tibial plateau $\underline{235}$.

Page 37, last paragraph, continuing onto page 38:

Next, drill trocar sleeves 355, 360 are used to set trocars 365, 370 into the tibia. Trocar sleeve guide member 330 is then separated into its two halves so as to free drill trocar sleeves 355, 360 from reference guide 265, and the reference guide 265 is removed from the surgical site, e.g., by withdrawing it proximally off the guidewire. Then the graft ligament is pulled up into femoral tunnel 130 and tibial tunnel 135, the distal end of the graft ligament is made fast in femoral tunnel 130, and then drill trocar sleeves 355, 360 are used to set absorbable cross-pins through the proximal end of the graft ligament, whereby to cross-pin the ligament to the tibia.

Page 38, middle paragraph:

Now looking at Fig. 39, there is shown a kit $\frac{300}{500}$ of bone tunnel guide rods $\frac{305}{505}$ for use with a cross-pin guide assembly such as the cross-pin guide assembly $\frac{308}{508}$ shown in Fig. 40. In one preferred form of the invention, cross-pin guide assembly $\frac{308}{508}$ is similar to the cross-pin guide assembly 5 shown in Figs. 1-10, except that bone tunnel guide rod 25 of cross-pin guide assembly 5 is replaced with one of the bone tunnel guide rods $\frac{305}{505}$ shown in Fig. 39.

Page 38, last paragraph, continuing onto page 39:

Each of the bone tunnel guide rods $\frac{305}{505}$ includes a proximal end $\frac{310}{510}$ portion $\frac{510}{510}$ and a distal end $\frac{315}{510}$ portion $\frac{515}{510}$. As An insertion limiting means $\frac{320}{520}$, for limiting insertion into a bone tunnel, is located between proximal end $\frac{310}{510}$ and distal end $\frac{315}{510}$ portion $\frac{515}{510}$. Preferably insertion limiting means $\frac{320}{520}$ comprises an annular shoulder formed intermediate $\frac{510}{510}$ distal end $\frac{321}{521}$ and the proximal end $\frac{322}{522}$ of a given bone tunnel guide rod $\frac{305}{505}$.

Page 39, last paragraph, continuing onto page 40:

Insertion limiting means 320 520 are located at a given distance $\frac{325}{525}$ 525 from the distal end $\frac{321}{521}$ 521 of bone tunnel guide rods 305 505. Each kit 300 500 includes at least two bone tunnel guide rods, with the given distance 325 525 of each of the tunnel guide rods being different from one another. As such, selection is made from kit 300 500 by inserting at least one of the bone tunnel guide rods 305 505 into a bone tunnel and selecting the one of the bone tunnel guide rods 305 505 that has its distal end 321 521 aligned with the patient's tibial plateau 235 when insertion limiting means 320 520 are in engagement with the front side of the patient's tibia. As a result of this construction, when that selected bone tunnel guide rod 305 505 is loaded in cross-pin guide assembly 308 508, bores 60 (Fig. 40), and hence the cross-pins, will be aimed at the thick cortical bone directly beneath the tibial plateau, whereby to enable secure and reliable tibial cross-pinning.

Page 41, first full paragraph:

Also, it is contemplated that trocars 100 and/or 210 might be used with their associated guide member 58, rack assembly 145, reference guide 265, guide assembly 308 508 and/or apparatus 400 330 to set absorbable rods 255, 260, but without their associated sleeves 80, 85, and 200, 230, respectively. In this case, at least one trocar would always remain positioned in graft ligament 250 until at least one absorbable rod 255, 260 was positioned in the bone block.

Page 46, first full paragraph:

Referring now to Figs. 46 and 47, in a preferred embodiment of the present invention, a graft ligament 475 is shown formed by harvested tendon 400 having multiple folds. A first end portion 480 of multiple folded graft ligament 475 is formed with first and second end portions 405, 420 410 of harvested tendon 400 each folded upon itself and sutured therebetween, respectively. A second end portion 485 of multiple-folded graft ligament 475 is formed with midsection portion 415 of harvested tendon 400 folded upon, and sutured to, itself.